

Assistive Technology Consideration Checklist

Individual: _____

Referrer: _____

Date: _____

DIRECTIONS

- Please check (✓) the access areas in which the individual is experiencing difficulty completing tasks and/or meetings goals, benchmarks, or objectives. Record and describe each of the checked access areas **in Column A** of the boxes below (one area per box).

☐ Writing

☐ Spelling

☐ Reading

☐ Math

☐ Study or Organizational Skills

☐ Listening

☐ Communication

☐ Seating/Positioning/Mobility

☐ Activities of Daily Living

☐ Recreation and Leisure

☐ Pre-vocational or Vocational

☐ Other Specify: _____
- Check the settings in which the task is required **in Column A**:
GEC: General Education Classroom SEC: Special Education Classroom WOR: Worksite COM: Community HOM: Home
- In Column B**, specify the tools (low technology to high technology) used by the individual to complete relevant tasks identified in Column A. Place a check (✓) in the appropriate box in Column B regarding independence or lack of independence with the identified tasks using standard tools. For areas in which the individual can complete the tasks independently with standard tools, it will not be necessary to complete Columns C-D.
- In Column C**, specify the accommodations/modifications and assistive technology solutions that are currently being utilized. Place a check (✓) in the appropriate box in Column C regarding independence or lack of independence with the identified tasks using the current accommodations/modifications and assistive technology solutions.
- Complete Column D** if the individual cannot adequately complete the task with the current accommodations/modifications or assistive technology specified in column C.

A. Access Areas	B. Independent with Standard Tools	C. Completes Tasks with Accommodations/Modifications and/or Assistive Technology Solutions Currently in Place		D. Additional Solutions/Services Considered including Assistive Technology
		Accommodations/Modifications	Assistive Technology Solutions	
<input type="checkbox"/> GEC <input type="checkbox"/> SEC <input type="checkbox"/> WOR <input type="checkbox"/> COM <input type="checkbox"/> HOM	<input type="checkbox"/> Independent <input type="checkbox"/> Not Independent	<input type="checkbox"/> Independent <input type="checkbox"/> Not Independent	<input type="checkbox"/> Independent <input type="checkbox"/> Not Independent	

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Consideration Outcomes:

- ☐ Individual independently accomplishes tasks in all access areas using standard tools. No assistive technology is required.
- ☐ Individual accomplishes tasks in all access areas with accommodations and modifications. No assistive technology is required.
- ☐ Individual accomplishes tasks in all access areas with currently available assistive technology. Assistive technology is required.
- ☐ Individual does not accomplish tasks in all access areas. Required assistive technology devices are known. Assistive technology is required.
- ☐ Individual does not accomplish tasks in all access areas. Appropriate assistive technology solutions are not known. Obtain additional assistance through consultation or refer for an assistive technology evaluation.